

BCN Clinical & Compensation Procedures

For

Contract Type 4 BX

**Screening and Diagnostic Mammography, Breast Ultrasound
and Breast Biopsy Services**

With

The SC Department of Health and Environmental Control

Effective June 30, 2008

Screening and Diagnostic Mammography, Breast Ultrasound and Breast Biopsy Services

I. SCOPE OF SERVICES: The Contractor will provide radiology services patients who meet BCN criteria as follows:

A. Patient Eligibility:

1. The Contractor shall provide the technical and professional components of screening and diagnostic mammography, breast ultrasound and performance of breast biopsy services to women who are referred by BCN providers currently under contract with DHEC. (See DHEC BCN Provider List.) Referring providers may include physician assistants, nurse practitioners and/or nurse midwives who are practicing in an extended role within an approved written protocol with a physician for the initial breast cancer screening services. Referred women must be between the **ages of 47-64**, have no insurance (including Medicaid and Medicare) or can provide documentation that their insurance only covers in-patient hospitalization.
2. **The patient must have a written order stating she is associated with the Best Chance Network from a provider who has a current contract with DHEC. (See DHEC BCN Provider List.) The patient must have already received initial screening services (clinical breast & pelvic exam) from a current DHEC BCN provider before being referred to you. Services should not be provided without the written order.**

B. Services: The Contractor will provide mammography, breast ultrasound and breast biopsy procedures according to the Fee for Service Schedule.

1. Services will include screening (two views each breast) and diagnostic mammograms (magnification or additional views), breast ultrasound and breast biopsy services, and reporting of radiological findings to referring provider. See appropriate protocols contained in the BCN Protocols Manual.
2. Provide patient education including BCN guidelines for mammographic screening. This education should include breast self-examination instruction.
3. The Contractor **will not** send annual reminder notices to BCN patients for mammography as BCN patients are required to be re-screened prior to receiving annual mammograms.

C. Staff: Have a medical director who is a board certified radiologist to ensure that staff are competent and proficient in mammography, ultrasound and breast biopsy procedures and to ensure the professional credentials are current.

D. Contractor:

1. Must meet all requirements set forth by the federal Mammography Quality Standards Act (MQSA) and the State of SC. Title B. Radiation Regulation.
2. Provide verification of FDA certification upon request.

3. Send mammography, ultrasound and biopsy reports back to referring physician **within ten (10) working days** of procedure.
4. Reports of all performance evaluations conducted by the medical physicist (as specified by ACR) must be submitted to the Bureau of Radiological Health, DHEC.
5. Complete the Match Documentation Report provided by DHEC, a sample copy of which is included in these Clinical & Compensation Procedures. This will include annual documentation of in-kind services, donated hours to BCN services and other required information that must be returned to DHEC by the date indicated on said report.

E. SERVICE COORDINATION STAFF (SCS) shall:

1. Provide on-going BCN orientation, training and consultation.
2. Reinforce BCN policies and procedures.
3. Provide updated DHEC BCN Provider List(s) of screening and follow-up providers.

F. DHEC BCN shall:

1. Provide updates for the BCN Clinical Protocols Manual no less frequently than annually.
2. Provide contract monitoring and feedback.
3. Conduct on-site record audits and/or comprehensive program reviews as determined on a sampling basis by BCN staff.
4. On an annual basis, provide a format to facilitate the documentation and reporting of in-kind services related to BCN services provided by radiology personnel. The purpose of this is two-fold:
 - i. To provide an accurate report of in-kind services to Centers for Disease Control and Prevention (CDC).
 - ii. To ensure reasonable projections are made for in-kind and match dollars when annual renewals are submitted to CDC.

II. TIME OF PERFORMANCE: Reference the DHEC BCN Contract for Type 4 BX, Screening and Diagnostic Mammography, Breast Ultrasound and Breast Biopsy Services.

III. COMPENSATION - METHOD OF PAYMENT:

- A. Payment for services will be rendered according to the breakdown of services and unit charges as described on the Fee for Service Schedule in accordance with Centers for Disease Control & Prevention (CDC) guidelines and Medicare's South Carolina Part B Par Fee Schedule. The Fee for Service Schedule that changes at the beginning of each fiscal year will be updated to reflect the new South Carolina Medicare Part B Par Fee Schedule for the current calendar year. A copy of these updated charges will be provided to the Contractor by DHEC prior to June 30th of each fiscal year.

- B. DHEC will reimburse the contractor the technical and professional components of radiology services provided to eligible women as stipulated under the prior section of these procedures regarding Patient Eligibility.**

Reimbursement for treatment is not covered by this contract.

- C. The Contractor shall submit insurance claim forms for mammography, ultrasound and breast biopsy services only on eligible patients referred by providers currently under contract with DHEC/BCN. Payment may be delayed on breast biopsy services until and if pathology, radiology and/or operative reports have not been received from the referring provider.**

1. The Contractor shall submit insurance claim forms to DHEC/BCN within 45 days of the date of service only on patients who meet Patient Eligibility requirements and only for the contractual services listed on the Fee for Service Schedule. DHEC will have no responsibility in returning claim forms or providing explanations for non-payment on claim forms for services not listed on the Fee for Service Schedule.
2. The request for payment on an insurance claim form for the services described herein must include: the patient's first and last name, date of birth, social security number, date of visit, name of referring facility or physician, description of radiologic service provided, and CPT code(s) as shown on the Fee for Service Schedule. Payment on claim forms received without this complete information will be denied.
3. DHEC/BCN will assign a pre-authorization code to BCN patients' initial screening (referring) providers. This authorization code will be used by DHEC/BCN in determining appropriateness of payment for radiology services. Payment may be delayed or denied on radiology claims from your facility on patients for whom an authorization code was not assigned. Contractor is not required to include an authorization code on claim forms submitted to DHEC/BCN.
4. Reimbursement for digitization of film radiographic images with computer analysis (CAD) is not covered under this contract. A BCN patient may not be billed for CAD.
5. The Contractor will discuss with the patient any services provided in addition to the allowable services listed on the Fee for Service Schedule that are not payable under BCN. These non-covered services may not be provided without full explanation and disclosure to the patient that said services will not be paid for by BCN. Contractor must have the patient sign a Cost Explanation Form and inform the patient of her financial responsibility to pay for services not covered by BCN before these services are provided. The original, signed Cost Explanation Form must be kept in the patient's medical file and a copy given to the patient. Failure to make this disclosure or inability of Contractor to provide BCN with a copy of the signed disclosure form will result in the Contractor being liable for charges related to non-covered services. The Contractor will assist patients with a payment plan to cover these services.
6. Payment for laboratory services will be made directly by BCN only to laboratories named on the list of Laboratories Receiving Specimens from BCN Contractors only for Allowable Laboratory Services covered under BCN. Payment for services rendered by laboratories not under contract with BCN or for services not listed on Allowable

Laboratory Services will be the responsibility of the Contractor unless the patient has agreed to pay for these services and has documentation of the same.

- D. DHEC will issue reimbursement within 60 days of receipt of complete and accurate insurance claim forms that meet all aforementioned requirements.
 - 1. A reimbursement face sheet showing services provided and payment due to Contractor will be generated by DHEC/BCN from the claims submitted.
 - 2. A request for payment will be submitted to DHEC Finance for payment to the Contractor.
 - 3. The reimbursement face sheet will be submitted to the Contractor with payment from DHEC Finance.
- E. **The Contractor will be responsible for reimbursement to the radiologist for the professional component of services and will inform the radiologist not to bill DHEC/BCN nor the patient for his/her component of services.**
- F. The Contractor agrees to accept payment of allowable charges as payment in full based on the Fee for Service Schedule and *will not bill the patient*.
- G. All requests for payment of services provided between each June 30 through June 29 of the Contract period must be received by DHEC/BCN by August 15 following that year. **Payment requests received after August 15 of each year will be returned unpaid. Patients cannot be billed for any unpaid requests received by DHEC/BCN after August 15 of each contract year.**
- H. The Contractor will reimburse DHEC for payments received for patients who are subsequently found to have not met the Patient Eligibility requirements contained in these Clinical & Compensation Procedures.

FEE FOR SERVICE SCHEDULE

4 BX

CONTRACTUAL SERVICES 06/30/07 through 06/29/08	CPT CODES	ALLOWABLE CHARGES**
MAMMOGRAPHY / ULTRASOUND		
•Unilateral diagnostic mammogram (includes additional views or magnification) Professional Component (portion due radiologist)	77055 7705526	70.60 31.77
•Bilateral diagnostic mammogram (includes additional views or magnification) Professional Component (portion due radiologist)	77056 7705626	88.10 39.30
•Screening mammogram (two views each breast) Professional Component (portion due radiologist)	77057 7705726	73.79 31.77
•Diagnostic ultrasound Professional Component (portion due radiologist)	76645 7664526	67.52 24.62
*BREAST BIOPSY PROCEDURES		
•Biopsy of breast, needle core (entire payment due radiologist or surgeon)***	19100	95.71
•Incisional biopsy of breast, needle core (entire payment due radiologist or	19101	265.65
•Percutaneous needle core biopsy using image guidance (entire payment due radiologist or surgeon)***	19102	194.95
•Percutaneous needle core biopsy, automated vacuum asst. or rotating biopsy device, using image guidance (entire payment due radiologist or surgeon)***	19103	503.25
•Preoperative placement of needle localization wire, breast (entire payment due radiologist or surgeon)***	19290	139.44
•Preoperative placement of needle localization wire, for each additional breast lesion (entire payment due radiologist or	19291	61.83
•Image guided placement, metallic localization clip, percutaneous (entire payment due	19295	87.22
•Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation	77031 7703126	270.68 72.46
•Preoperative placement of needle localization wire, breast, radiological supervision and interpretation Professional Component (portion due radiologist)	77032 7703226	62.96 25.34
•Radiological examination, surgical specimen Professional Component (portion due radiologist)	76098 7609826	20.32 7.16
•Ultrasonic guidance for needle biopsy, radiological supervision and interpretation Professional Component (portion due radiologist)	76942 7694226	140.86 30.63

**2007 Medicare Allowable Rate – Part B Par Fee Schedule Uniform Throughout S.C.

Effective June 30, 2007 – June 29, 2008

***Entire payment made for these CPT codes is due to the radiologist or surgeon who provided services. Payment is not for operating room or facility fees.

SAMPLE MATCH DOCUMENTATION REPORT

Please return this survey by: Date

The following questions refer to what your **usual and customary charge** (not a sliding fee scale amount nor the reimbursement amount) would be for the following specified procedures and patient encounters, **if you were not seeing a BCN patient**. Please provide the **usual and customary charges that have been effective since Date**.

1. **SCREENING MAMMOGRAMS (2 views each breast):**

Usual charge for a screening mammogram (CPT code: 77057) \$ ____.

2. **UNILATERAL DIAGNOSTIC MAMMOGRAMS** (includes additional views or magnification).

Usual charge for a unilateral diagnostic mammogram (CPT code: 77055) \$ ____.

3. **BILATERAL DIAGNOSTIC MAMMOGRAM** (includes additional views or magnification).

Usual charge for a bilateral diagnostic mammogram (CPT code: 77056) \$ ____.

4. **DIAGNOSTIC ULTRASOUNDS:**

Usual charge for a diagnostic ultrasound (CPT code: 76645) \$ ____.

5. **BREAST DIAGNOSTIC FOLLOW-UP PROCEDURES:**

a(i). Usual charge for a **fine needle aspiration-one cyst** procedure (CPT code: 10021)? \$ ____.

a(ii). Usual charge for a **fine needle aspiration-each additional cyst** procedure (CPT code: 10022)? \$ ____.

b. Usual charge for a **biopsy of breast; needle core (no radiological guidance required)** procedure (CPT code: 19100)? \$ ____.

c. Usual charge for a **incisional biopsy of breast; needle core** procedure (CPT code: 19101)? \$ ____.

d(i). Usual charge for a **percutaneous needle core biopsy using image guidance** procedure (CPT code: 19102)? \$ ____.

d(ii). Usual charge for a **percutaneous needle core biopsy, automative vacuum asst. or rotating biopsy device using image** procedure (CPT code: 19103)? \$ ____.

Please list any other charges associated with the above procedures or patient encounters below that have not been addressed along with your usual charge.

Thank you for taking the time to complete and send in the information by DATE.

No individual practice will be identified in the annual report to CDC. The collective contributions and donated services of BCN contracted healthcare providers will benefit the program.

**BEST CHANCE NETWORK (BCN)
BREAST RADIOLOGY & DIAGNOSTIC SERVICES
COST EXPLANATION FORM**

(WHAT BCN CAN AND CANNOT PAY)

I agree that I have been told and understand that BCN will pay for the procedures on the following list:

CHARGES PAID BY BCN:

- Screening/Diagnostic Mammogram, Breast Ultrasound and/or Breast Cyst Aspiration (fluid removal)¹
- Lab Charges for Examination of a Breast Biopsy or Cyst Aspiration Specimen
- Payment directly to a radiologist or surgeon under contract with BCN **for the procedure only**² of a Breast Biopsy (tissue taken out) by:
 - Needle Core Breast Biopsy or
 - Stereotactic Breast Biopsy or
 - Incisional Breast Biopsy or
 - Excisional Breast Biopsy
- Payment to a radiologist or surgeon under contract with BCN for preoperative placement of a needle localization wire, image guided placement of a metallic localization clip, stereotactic localization guidance or other radiological guidance associated with the above listed breast biopsy procedures.

¹ Breast ultrasound and/or breast cyst aspiration is covered if performed by a radiology facility under contract with BCN to perform these procedures.

²The hospital may add facility charges and charges for medical supplies that BCN cannot pay.

CHARGES NOT PAID BY BCN:

- All Other Charges for Lab Tests, EKG, X-rays Not Listed Above
- Anesthesia Services
- Medical/Surgical Supplies
- Operating Room and/or Facility Fees
- Pharmacy
- IV Solutions
- All Other Charges Not Listed as Payable by BCN

I understand that it will be my responsibility to meet with the billing office/financial counselor at the doctor's office or hospital to arrange a payment plan for the charges that BCN cannot pay.

I also understand that if I choose to go to a non-BCN provider for follow-up of abnormal test results that none of the services they provide will be covered by BCN.

Signature

Date

Witness



LABORATORIES RECEIVING SPECIMENS STATE-WIDE FROM BCN CONTRACTORS

Laboratory Corporation of America Holdings, PO Box 2230, Burlington, North Carolina 27216-2230

Pathology Service Associates, LLC, PO Box 100559, Florence, SC 29501-0559

- Associated Pathologists, LLC, Georgetown SC
- Beaufort Pathology, Beaufort, SC
- Charleston Pathology Associates, Charleston, SC
- Charleston Pathology Associates, Mt. Pleasant, SC
- Coastal Pathology, Charleston, SC
- Cyto-Lab, Inc., Murrells Inlet, SC
- Newberry Pathology Associates, Newberry, SC
- Pathology Associates of Lexington, West Columbia, SC
- Pathology of Georgetown, Georgetown, SC
- Pee Dee Pathology Associates, PA, Florence, SC
- Piedmont Pathology Associates., LLP, Anderson, SC
- Professional Pathology Services, PC, Columbia, SC
- Professional Pathology Services, Hilton Head Island, SC
- Southeastern Clinical Labs, PA, Pickens, SC
- Sumter Pathology, Sumter, SC

LABORATORIES RECEIVING SPECIMENS FROM LOCAL BCN CONTRACTORS

Anderson Area Medical Center, 800 North Fant St., Anderson, SC 29621

Carolina Pathology Associates, PO Box 3368, Greenwood, SC 29648

Clinical Pathology Consultants, PO Box 1599, Conway, SC 29528

Colleton Regional Hospital, 501 Robertson Boulevard, PO Box 5001, Walterboro, SC, 29488

Greenville Hospital Systems, 701 Grove Road, Greenville, SC 29605

Pathology Associates of Greenville, 8 Memorial Medical Ct., Greenville, SC 29605

Kershaw County Medical Center, 1315 Roberts St., Camden, SC 29020

Steeplechase Pathology, LLC, 1315 Roberts St., Camden, SC 29020

Marlboro-Chesterfield Pathology, PC, PO Box 100, 207 Ball Park Rd., Bennettsville, SC 29512

Medical University of South Carolina Medical Center, 171 Ashley Avenue, Charleston, SC 29425

Mullins Pathology & Cytology Laboratory, 1402 Walton Way, Augusta, GA 30901

Palmetto Pathology, PA, PO Box 60080, 8085 Rivers Ave., Charleston, SC 29419-0080

Pathology Consultants, Inc., 8 Memorial Medical Ct., Suite 1, Greenville, SC 29605

Piedmont Medical Center, 222 S. Herlong Ave., Rock Hill, SC 29732

York Pathology, PO Box 4016, Rock Hill, SC 29732

Spartanburg Regional Medical Center, 101 E. Wood St., Spartanburg, SC 29303

Spartanburg Pathology Consultants, 659 E. Main St., Spartanburg, SC 29302

Spectrum Laboratory Network, 4380 Federal Dr., Suite 100, Greensboro, NC 27410

Tuomey Healthcare System, 192 N. Washington St., Sumter, SC 29150

Upstate Carolina Medical Center, 1530 North Limestone St., Gaffney, SC 29340

ALLOWABLE LABORATORY SERVICES

SERVICE DESCRIPTIONS 06/30/2007 through 06/29/08	CPT CODES
! Breast biopsy	88305 & 88307*

*This code is only to be used in the excision of a breast lesion and will only be reimbursed at the rate of a level IV biopsy.